

THE DIVISION OF HEALTH OF MISSOURI
FILED OCT 14 1952 STANDARD CERTIFICATE OF DEATH

33902

State File No. _____

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 204	
1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marshall TWP.</i>				c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> 2249			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mo. State School</i>				d. STREET ADDRESS (If rural, give location) <i>3868 Marine Ave.</i>			
3. NAME OF DECEASED (Type or Print) <i>Rosen</i>		a. (First) <i>Lee</i>		b. (Middle) <i>Snyder</i>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <i>Oct-6-1952</i>		5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	
8. DATE OF BIRTH <i>March 30, 1904</i>		9. AGE (In years last birthday) <i>5-6-6</i>		10. UNDER 1 YEAR <i>6</i>		11. UNDER 1 HRS. <i>6</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Child</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Child</i>		11. BIRTHPLACE (State or foreign country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Earl Manuel Snyder</i>		13b. MOTHER'S MAIDEN NAME <i>Valla Jean Scheible</i>		14. NAME OF HUSBAND OR WIFE <i>Child</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Child</i>		16. SOCIAL SECURITY NO. <i>Child</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mo. State School</i>		ADDRESS <i>Marshall</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho Pneumonia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hydrocephalic large head</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
19a. DATE OF OPERATION <i>r</i>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		491X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <i>L</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>July 1st, 1952</i> , to <i>Oct-6, 1952</i> , that I last saw the deceased alive on <i>Oct-6, 1952</i> , and that death occurred at <i>6:45</i> p.m., from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <i>W.L. Lankers M.D.</i>		23b. ADDRESS <i>Marshall Mo.</i>		23c. DATE SIGNED <i>10-7-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>Oct 9, 1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Oct-7-1952</i>		REGISTRAR'S SIGNATURE <i>Diway F Gray</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Campbell-Lewis</i>		ADDRESS <i>Marshall, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed R. W. Campbell Jr.
Licensed Embalmer No. 3469
P. O. Address Marshall Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.